

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2012 Annual Report

Name of Candidate Donie / Stephen Holland  
Address P.O. Box 2 Plantersville MS 38862  
Telephone 662-840-5000 Fax 662-840-5006  
Office Sought State Rep Email hollandfuneraldirections@comcast.net

RECEIVED  
JAN 30 2013

Secretary of State  
Capitol Office

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 31, 2013 Annual Report (January 1, 2012 through December 31, 2012).....Mandatory

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)

Required to terminate  
Reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ +\$	\$ ' .	\$ 3,650.00
Total amount of disbursements	\$ +\$	\$	\$ 8,931.69
Total amount of cash on hand		\$ 27,762.65	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

1/31/2013

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$60 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Daniel Stephen Holland  
 Reporting period 01-01-12 through 12-31-12

## ITEMIZED DISBURSEMENTS

A. Full name <u>Studio 6 Extended</u>	Date (Mo., Day, Year) <u>01/10/12</u>	Amount of each disbursement this period \$ <u>958.20</u>
Mailing Address	<u>01/10/12</u>	\$ <u>958.20</u>
City, State, Zip Code <u>Jackson, MS.</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Daniel Stephen Holland  
 Reporting period 01-01-12 through 12-31-12

## ITEMIZED DISBURSEMENTS

A. Full name <u>Studio 6 Extended</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>02/10/12</u>	\$ <u>958.20</u>
City, State, Zip Code <u>Jackson, MS.</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name <u>Thrasher Arch Products</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>02/03/12</u>	\$ <u>246.10</u>
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name <u>Studio 6 Extended</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>03/13/12</u>	\$ <u>960.00</u>
City, State, Zip Code <u>Jackson, MS.</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name <u>Gensis Donor Trust</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>03/20/12</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Memphis, TN.</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name <u>Studio 6 Extended</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>04/10/12</u>	\$ <u>900.00</u>
City, State, Zip Code <u>Jackson, MS.</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name <u>Indianapol</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>06/06/12</u>	\$ <u>402.95</u>
City, State, Zip Code <u>Huntington Beach, CA</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Daniel Stephen Holland  
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## ITEMIZED DISBURSEMENTS

A. Full name <u>Wal Mart</u>	Date (Mo., Day, Year) <u>06/07/12</u>	Amount of each disbursement this period \$ <u>1,884.64</u>
Mailing Address	<u>06/07/12</u>	\$
City, State, Zip Code <u>LA MESA, CA</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name <u>F-15 + Aero DR</u>	Date (Mo., Day, Year) <u>06/07/12</u>	Amount of each disbursement this period \$ <u>402.00</u>
Mailing Address	<u>06/07/12</u>	\$
City, State, Zip Code <u>San Diego, CA</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name <u>MARRIOTT</u>	Date (Mo., Day, Year) <u>08/03/12</u>	Amount of each disbursement this period \$ <u>679.60</u>
Mailing Address	<u>08/03/12</u>	\$
City, State, Zip Code <u>Charleston, WV</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name <u>Sewah Studios, Inc</u>	Date (Mo., Day, Year) <u>08/15/12</u>	Amount of each disbursement this period \$ <u>1,920.00</u>
Mailing Address	<u>08/15/12</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Daniel Stephen Holland  
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## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Astra Zeneca</u>	<u>08/10/12</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 15437</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Wilmington, DE 19850</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Merck Sharp &amp; Dohme Corp</u>	<u>08/24/12</u>	\$ <u>500.00</u>
Mailing Address <u>One Merck Drive</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Whitehouse Station, NJ 08859</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Centene Mgmt. Co.</u>	<u>09/28/12</u>	\$ <u>500.00</u>
Mailing Address <u>Centene Corp.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>St. Louis, Mo. 63105</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>BNSF Railway company</u>	<u>10/31/12</u>	\$ <u>250.00</u>
Mailing Address <u>2500 Lou Menk Dr.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Fort Worth, TX. 76131</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>

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## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Tellus operating Group</u>	<u>11/16/12</u>	\$ <u>250.00</u>
Mailing Address <u>602 crescent Place</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Ridgeland, Ms. 39157</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Gulf States Toyota, Inc.</u>	<u>11/16/12</u>	\$ <u>250.00</u>
Mailing Address <u>1375 Enclave Pkwy.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Houston Texas 77077</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Ms. Assoc For Home Care</u>	<u>11/16/12</u>	\$ <u>300.00</u>
Mailing Address <u>134 Fairmont St.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Clinton MS. 39056</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Abbott Laboratories</u>	<u>11/16/12</u>	\$ <u>300.00</u>
Mailing Address <u>100 Abbott Park Rd.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Abbott Park, IL 60064</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>

Name of Candidate or Committee Daniel Stephen Holland  
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# ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Chick into cash of MS. Inc</u>	<u>11/30/12</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 550</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Cleveland, TN, 37364</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required)	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required)	Aggregate year-to-date	\$ <u>  </u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Comcast Corp.</u>	<u>11/30/12</u>	\$ <u>250.00</u>
Mailing Address <u>1701 JFK Blvd.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Philadelphia, PA 19103</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required)	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required)	Aggregate year-to-date	\$ <u>  </u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Bayer Health Care LLC</u>	<u>11/30/12</u>	\$ <u>300.00</u>
Mailing Address <u>444 Pembroke DR.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Madison, MS. 39110</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required)	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required)	Aggregate year-to-date	\$ <u>  </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required)	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required)	Aggregate year-to-date	\$ <u>  </u>